



## Chapter 4

# Instructions for Individual Forms

## 4.1 Form OFM-01S Allotment Summary

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The system generated OFM-01S form includes:



The OFM-01S form summarizes the initial allotment request (packet B001 only), and verifies review by the agency director or designee. This form is produced by the allotment system (APS/TAPS) and includes the following:

- FTE totals** **A. Personnel Summary:** These FTE totals should conform to legislative recommendation summaries of agency budgets unless an exception is discussed with the OFM budget assistant.
- Program codes, titles, allotment amounts** **B. Expenditures by Program:** Lists program codes, titles, and requested allotment amounts. Any deviations and amounts in reserve or unallotted status should be discussed with your assigned budget assistant.
- List of all fund sources** **C. Expenditures by Source of Funds:** Lists all sources of funds and appropriation codes for the allotments shown in Section B. The total allotment for each appropriation should be checked against the OFM Appropriation Schedule.

The total of allotted, unallotted, and reserve must equal the total appropriations and allocations shown on the OFM Appropriation Schedule. Nonappropriated amounts should not exceed total available revenue (beginning fund balance plus estimated 2001-03 revenues).

Once all agency allotments are approved, OFM will send each agency an agency allotment status report that reflects OFM approval of the initial B001 packet.

## 4.2 Form B20-1 Unanticipated Receipts Request

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### 4.2.1 Requirements for Completing the B20-1



Prior to actual commitment of unanticipated funds, the agency must submit a request Form B20-1, along with allotment amendment data, to provide a description of the grant or contract and verify that the expenditure is consistent with legislative and executive intent. The Governor may then establish the authority which allows the agency to incur expenditures. Please note the following requirements for completing the B20-1 form:

- Submit supporting documentation and 5 copies of the B20-1**

  - One original and four copies of the completed B20-1 form are to be submitted to OFM Budget Division Allotment Control (Mail Stop 43113) at the same time that the allotment amendment request is released from APS/TAPS. Any supporting documentation available, such as grant award documents, agreements, or detailed descriptions of the grant, must be submitted along with the B20-1.
- 10-day waiting period for legislative review**

  - Since allotment amendments cannot be made retroactively, the B20-1 form and corresponding APS/TAPS data must be received by OFM at least ten days prior to the commitment of funds, and at least 15 days prior to the AFRS fiscal month cutoff. This ten-day period allows time for legislative review.
- Due date**

  - The due date for submitting packets to OFM is the 25<sup>th</sup> day of the current fiscal month.
- No transactions are allowed during the waiting period**

  - If the AFRS cutoff occurs during the ten-day waiting period and the monthly transactions are made retroactive, the packet will be returned to the agency for correction.

#### 4.2.2 Instructions for the Unanticipated Receipt Form B20-1



The B20-1 is available electronically

This form is available electronically in the OFM Internet version of these allotment instructions, in Chapter 4.

- **Allotment Packet Number:** Indicate the specific packet number (U### or C###) assigned to the data submittal.
- **Purpose of grant or contract and description of how funds will be used:** Clearly describe the reason for the grant and the specific activities that will be initiated with the new funding.
- **Source Description:** Indicate the exact source of the funding. For example: U.S. Department of Health and Human Services, Public Health Administration.
- **Budget Impact Summary:** Indicate the total unanticipated receipt amount expected to be spent in the current biennium, separated into allotted, unallotted and reserve status. The total dollars entered here must agree with the data entered in the APS/TAPS unanticipated receipt packet submitted to OFM.


If any portion of the unanticipated receipt may be substituted for presently allotted state funds, the amount of the substitution should be shown in the right hand column. This amount should match the state funds placed into reserve in the same allotment packet as the unanticipated receipt.

In cases where the grant award crosses biennial lines, record only that portion that applies to 2001-03 and reference the excess in the "Purpose of Grant" section of the form. If available for expenditure, this excess funding must be incorporated into the 2003-05 budget.

- **Additional FTEs:** Indicate the average **annual** FTEs added by the unanticipated receipt. Staff months or biennial totals are not to be used. For example: If Fiscal Year 2002 has 10 FTEs and Fiscal Year 2003 has 12 FTEs, the B20-1 should show 11 FTEs (10 plus 12, divided by 2).
- **Analysis:** The four questions listed on the form are self-explanatory and should be answered "yes" or "no" as appropriate.

Question number 1 on the Form B20-1 asks whether the federal (or other) funds received can be substituted for presently allotted funds. Agencies must provide specific justification whenever the "no" box is checked in response to this question. Federal or other grantors frequently stipulate that grant funds cannot be used in place of state funding. The documentation of this requirement should be in the form of specific language or a legal citation which prohibits the supplanting of state funds.

This form is available on OFM's website, in the operating allotment instructions.

<b>FORM B20-1 5/97</b> 	<b>UNANTICIPATED RECEIPT APPROVAL REQUEST</b>	ALLOTMENT PACKET NO.	OFM LOG NO.	DATE ASSIGNED  ____/____/____

AGENCY/DIVISION	CODE	CONTACT PERSON	SCAN PHONE NO. ( ) ____ - ____
PROGRAM	CODE	FUND	CODE

PURPOSE OF GRANT AND DESCRIPTION OF HOW FUNDS WILL BE USED	<input type="checkbox"/> PASS-THROUGH ONLY <input type="checkbox"/> OPERATING <input type="checkbox"/> CAPITAL
	TIME PERIOD
	<input type="checkbox"/> NEW <input type="checkbox"/> CONTINUING

SOURCE DESCRIPTION (List agency, sub agency, program, etc.)	<b>SOURCE OF FUNDS</b>  <input type="checkbox"/> FEDERAL  <input type="checkbox"/> STATE  <input type="checkbox"/> LOCAL  <input type="checkbox"/> OTHER	<b>BUDGET IMPACT SUMMARY</b>		
FEDERAL DOMESTIC ASSISTANCE CATALOG NO. AND TITLE			UNANTICIPATED AMOUNT	SUBSTITUTED AMOUNT
PROPOSED SOURCE OF MATCHING FUNDS      AMOUNT		ALLOTTED		
\$		UNALLOTTED		
* A COPY OF THE GRANT AWARD MUST ACCOMPANY THIS FORM		RESERVE		
		TOTAL		
		ADDITIONAL FTE (Staff Years)		

<b>ANALYSIS (to be completed by requesting agency) Attach additional documents or explanation as necessary.</b>												
YES	NO	1. Can these funds be substituted for presently allotted funds? If yes, describe savings and whether this amount will be placed in allotment reserve. If no, cite specific reason, regulation, RCW, federal law, etc. that prohibits supplanting.										
		2. Does acceptance of these funds commit the state to further expenditures in a later period? If yes, indicate the probable source of future funding.										
		3. Will the activity supported by these funds generate a permanent program or service within state government? If yes, show the estimated budget.										
		<table border="1"> <tr> <td>FUND CODE</td> <td>SOURCE CODE</td> <td>BIENNIAL COST (Present \$)</td> <td>FTE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	FUND CODE	SOURCE CODE	BIENNIAL COST (Present \$)	FTE						
FUND CODE	SOURCE CODE	BIENNIAL COST (Present \$)	FTE									
		4. Indicate the specific plan for termination or continuation of the program beyond the anticipated length of time and funding.										

REQUESTING AGENCY		FOR OFM USE ONLY	
SIGNATURE	DATE ____/____/____	ANALYST	DATE ____/____/____